INSTRUCTIONS FOR RE-APPLICATION FOR THE CPA EXAM

You must apply, and be accepted by the Board, to sit for the CPA examination offered in November of each year. Acceptance for one exam does not automatically ensure your acceptance into subsequent exams. Please contact this office at least two months prior to the exam to request the re-application form if one has not been sent to you.

Please use the checklist below before submitting your re-application materials to us. Re-applications can be denied if all required documentation is not submitted.

APPLICATION MATERIALS CHECK LIST

The following	ing must be received by September 1 st for the November exam.
	Formal re-application form, complete and notarized
	Two 2" x 2" passport photos
	THE FEE OF: \$250.00 FOR RE-EXAMINATION OF ALL 4 PARTS \$120.00 FOR RE-EXAMINATION OF 2 PARTS, and
	\$100 00 FOR DE-EXAMINATION OF 1 PART

WITHDRAWAL FROM THE EXAM MUST BE IN WRITING BEFORE OCTOBER 1st FOR THE NOVEMBER EXAM. IF THE BOARD RECEIVES YOUR REQUEST ON OR BEFORE THE ABOVE DATE, YOUR FEE WILL BE REFUNDED OR DEFERRED. CANDIDATES WHO WITHDRAW AFTER THE OCTOBER 1ST DEADLINE WILL LOSE THEIR FEE UNLESS IT IS A CASE OF UNDUE HARDSHIP, WHICH REQUIRES BOARD APPROVAL. ALL REQUESTS FOR WITHDRAWAL MUST BE IN WRITING. YOU MAY FAX THEM TO THIS OFFICE AT 603-271-8702.

WARNING

If you have received any information from the internet please be aware that some of the information on the AICPA Website is incorrect with respect to the State of New Hampshire.

Specifically, New Hampshire is a one tier state. We do not issue a certificate after passing the exam. You must meet the current experience requirements prior to becoming licensed in New Hampshire.

If you should have any questions, please contact this office.

WEB SITE: WWW.STATE.NH.US/ACCOUNTANCY

NEW HAMPSHIRE BOARD OF ACCOUNTANCY Waverly Square I 6 Chenell Drive, Suite 220 Concord, NH 03301

P-(603) 271-3286 F-(603) 271-8702 TDD Access: Relay NH - (800) 735-2964

	Re-Applicat	ion to s	it for the _		te in November or May, and year)					
			(V	Vrite in November or	May, and year)					
	(You must fill out an application each time you sit for an exam)									
To	the New Hampshi	re Board o	f Accountancy:							
	Accountancy	under the r		y the Board of	New Hampshire State Board of Accountancy and in conformity with					
	ne following informations and rules.	ation supp	orts my qualific	ations to take t	the examination under RSA 309-B: and					
1.	Full Name			,	Social Security No					
	Last		First	Middle	•					
2.	Maiden Name		Date and Place of Birth							
3.	Mailing Address				Phone No					
		STREET		APT.						
					E-Mail					
	_	CITY	STATE	ZI						
4.	Current Employer			!	Phone No					
5.	If yes, you need to	contact th	nis agency for a tion will not be	n "Authorization	taking it in NH?Yes No. n for Interstate Exchange." If mplete until the authorization					

6. Have you ever been barred from sitting for the CPA exam in any state? ____Yes ____ No. If yes, please explain on a separate sheet of paper the circumstances under which you were

barred.

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7. What parts of the e have not passed.	xam are you applying to si	t for? Remember, yoเ	must sit for all parts that you	
Auditing	Business Law	F.A.R.E.	A.R.E.	
The Board must recei	ve the following by the dea	adline:		
NH Board of		ne statutes and admir	istrative rules, made out to the	Э
	n convicted of a felony or recommitted any fraud?	misdemeanor or, decl	ared by a court of competent	
Yes or Notes the Grant Control of the Grant C		se attach a separate s	heet, which contains a comple	ete
I attest that the inform knowledge and belief:	ation contained in this app	olication is true and co	orrect to the best of my	
Signature of Applican	t	Date		
State of	}}ss.			
On this day of		, in the state and c	ountry aforesaid there appear	ed
before me		_ who is well known t	o me, and who signed the abo	ve
application, and, who	being duly sworn, declare	d that the statements	therein made were true and	
correct to the best of	his knowledge and belief.			
NOTARY PUBLIC/JUS	TICE OF THE PEACE	My comm	ission expires	